



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF HOME INSPECTORS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## APPLICATION FOR HOME INSPECTOR LICENSURE BY EXAMINATION INSTRUCTION SHEET

### When to Apply by Examination

File the *Licensed Home Inspector by Examination* application when **all** of the following apply:

- You do *not* hold *current* licensure/certification as a Home Inspector in any jurisdiction (state, U.S. territory or District of Columbia). If you hold *current* licensure/certification in another jurisdiction, you may apply by [endorsement](#).
- You have registered as a Delaware [Home Inspector Trainee](#).
- You have completed 75 *supervised* home inspections.
- You have completed the required 140 hours of classroom or online training approved by the [American Society of Home Inspectors \(ASHI\)](#), the [National Association of Home Inspectors \(NAHI\)](#) or the [International Association of Certified Home Inspectors \(InterNACHI\)](#).
- You have passed the [National Home Inspector Examination®](#) from the Examination Board of Professional Home Inspectors.

### Requirements for All Applicants

- ☐ Submit completed, signed and notarized [Application for Licensed Home Inspector by Examination](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Submit a copy of your high school diploma or transcript. **Or**, if you have a GED, submit confirmation of your GED.
- ☐ Arrange for the Board office to receive a notarized certificate of *Liability, Errors and Omissions Insurance*, sent *directly* from the insurance carrier to the Board office.
  - You or your employer must carry at least \$50,000 of errors and omissions insurance and at least \$250,000 of liability insurance.
- ☐ Submit copies of your classroom or online training certificates.
  - Training must total 140 hours and be approved by ASHI, NAHI, or InterNACHI.
- ☐ Arrange for the Board office to receive verification that you have passed the [National Home Inspector Examination®](#), sent *directly* from the exam service to the Board office.
- ☐ Submit a photocopy of your [Experience Log](#) on the form approved by the Board showing that you have completed at least 75 supervised home inspections.
- ☐ If you have been a home inspector trainee or been licensed or certified as a home inspector in any jurisdiction, arrange for the Board office to receive a letter of good standing *directly* from each jurisdiction.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

*The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



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**APPLICATION FOR LICENSED HOME INSPECTOR BY EXAMINATION**

**IDENTIFYING AND CONTACT INFORMATION**

1. Name: \_\_\_\_\_  
Last First Middle initial
2. Other Names Used: \_\_\_\_\_ ☐ None  
(Include maiden, other married, alternative spellings.)
3. Date of Birth (month/day/year): \_\_\_\_\_ Gender: ☐ Male ☐ Female
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: \_\_\_\_\_  
City State Zip code
6. Phone: \_\_\_\_\_ Email: \_\_\_\_\_ ☐ None

**EDUCATION**

7. Have you completed high school or its equivalent (GED)? Yes ☐ No ☐ If yes, complete the following:  
Check one: ☐ GED ☐ High School Graduate – If you check this item, provide the following information:  
School Name: \_\_\_\_\_ Date Graduated (month/year): \_\_\_\_\_  
School Location: \_\_\_\_\_  
Submit a copy of your high school diploma or transcript. Or, if you have a GED, submit confirmation of your GED.

**HOME INSPECTION EXPERIENCE**

8. Enter Delaware Home Inspector Trainee registration number: H5 - \_\_\_\_\_  
Submit a copy of your [Experience Log](#) on the Board-approved form showing that you have completed at least 75 supervised home inspections. If you have not completed 75 inspections yet, STOP. Do not submit an application until you have completed this requirement.

**EXAMINATION INFORMATION**

9. Have you passed the National Home Inspector Examination®? Yes ☐ No ☐  
Arrange for the Board office to receive verification that you have passed the [National Home Inspector Examination®](#), sent directly from the exam service to the Board office. If you have not passed the exam yet, STOP. Do not submit an application until you have completed this requirement.

**If you need more room, you may copy this page.**

10. List each ASHI-, NAHI-, or InterNACHI-approved training course you have completed.

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**Submit copies of your completion certificates to the Board office with this application.**

## INSURANCE INFORMATION

11. Do you or your employer carry at least \$50,000 of errors and omissions insurance and at least \$250,000 of liability insurance? Yes ☐ No ☐ **If no, skip to the LICENSURE HISTORY section. If yes, check one:**

- ☐ I carry the required amounts of insurance.
- ☐ My employer carries the required amounts of insurance. *If you check this item, complete the following:*

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Email: \_\_\_\_\_

12. Name of Insurance Carrier: \_\_\_\_\_

## LICENSURE HISTORY

13. Have you ever been a home inspector trainee or been licensed or certified as a home inspector in any jurisdiction? Yes ☐ No ☐ If yes, list each jurisdiction:

JURISDICTION	LICENSE NUMBER	STATUS (e.g., active, inactive, expired)

**Arrange for the Board office to receive a letter of good standing *directly* from each jurisdiction where you have ever been a trainee or held a license or certification as a Home Inspector.**

## DISCLOSURES

14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a complete explanation and a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau of Identification](#).**
15. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
16. Have you ever received any administrative penalties (disciplines) regarding your practice as a home inspector, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, **or** have you entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes ☐ No ☐ **If yes, submit a complete explanation and a copy of the agency's order.**
17. Are any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you are currently, or were previously, licensed, certified, or registered? Yes ☐ No ☐ **If yes, submit a written explanation.**
18. Do you have any impairment related to drugs or alcohol that would limit your ability to act as a home inspector in a manner consistent with the safety of the public? Yes ☐ No ☐ **If yes, submit a written explanation.**

**To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.**

## AFFIDAVIT

I, the applicant, being duly sworn according to law, depose and say that the answers above set forth are true to the best of my knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested. I hereby confirm that I have read and agree to abide by all home inspector laws and rules in the State of Delaware and agree to cooperate with any investigation initiated by the Delaware Board of Home Inspectors including providing relevant documents and personally appearing before the Board and/or its investigators. I further affirm and state that the *Experience Log* submitted in support of this application is true and correct and that the activities for which I claim experience are truthfully represented in the log. Upon request of the Board, I will make available for examination copies of home inspection reports or files prepared by me for which I claim experience in the *Experience Log* or any of the home inspection reports or files prepared by me in the course of my practice notwithstanding the fact that such reports or fields were not listed on the *Experience Log* submitted in support of this application.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

***APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE  
REQUIRED PROCESSING FEE WILL BE REJECTED.***